Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	
Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
·	C C00530766
Check if 24-hour report 48-hour report New report Amends report fi	iled on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	M M / D D / Y Y Y Y
Mailing Address 12920 Kneeland Ln	07 15 2014
	Amount
City State Zip Code	35.00
Neosho MO 64850	Transaction ID: 8e836914-22f0-4058-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calolidal Total to Bato	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	07
Mailing Address 12920 Kneeland Ln	
	Amount
City State Zip Code	43.80
Neosho MO 64850	Transaction ID : 751783ea-1831-49c8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y
Type Type	07 15 2014
Name of Federal Candidate Support O	ffice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
	isbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	78.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eiparty committee) any political party committee or its agent.	•
Ms. Emily Buchanan	M M / D D / Y Y Y Y
[Electronically Filed] Date	07 17 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 2 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	25.00
Lenoir	NC	28645	Transaction ID : 4db37ded-9acd-478d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	160762.79	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	10.50
Lenoir	NC	28645	Transaction ID: 839dad2a-5b8b-45e1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 35.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5			

Schedule E)	EXI END	101120		PAGE 3 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			C	Date of Public Distribution/Dissemination
Lorri Anderson				07 15 / 2014
Mailing Address 7214 Duchamp Dr			A	mount
City	State	Zip Code		20.00
Charlotte	NC	23215		ransaction ID : 4c0d9e1e-f808-4dbd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	07 15 / 2014
Name of Federal Candidate		Support	Office S	ought: House District: 00
Ms. Kay Hagan		X Oppose		resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	60762.79	Disburse 2014	ement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Lorri Anderson				M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr				07 15 2014
7214 Buonamp Bi			A	Amount
City	State	Zip Code		1.20
	NC	23215	Tr	ansaction ID: eaac1099-be08-4eb5-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	07 / 15 / 2014
Name of Federal Candidate		Support	Office S	lought: House District: 00
Ms. Kay Hagan		X Oppose	P	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disburse 2014	ement For:
	_			
(a) SUBTOTAL of Itemized Independent Expenditures			▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es		··· •	
(c) TOTAL Independent Expenditures			···· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 07	17 2014
Signature		_		

Schedu	ile E)	TI EXI END	TOTILO			PAGE 4 FOR SE OF F	OF 72 ORM 24/48
	COMMITTEE (In Full)						I NUMBER ▼
Wome	en Speak Out PAC				Cc	00530766	
Check if	24-hour report X 48-hour report	New rep	ort Amends re	port filed o	on Marm /	D D /	Y
Full N	lame of Payee				Date of Public I	Distribution/Di	ccomination
Luk	ke T Waltermire				M M / O7	15	2014
Mailin	ng Address 107 S Grist Mill Rd				Amount		
City		State	Zip Code				30.00
	pstead	NC	28443		Transaction ID Date of Disburs		
Purpo Sala	ose of Expenditure ry		Category/ Type 00)1	M M /	15	2014
Name	e of Federal Candidate		Support	Office S	Sought:	House Di	strict: 00
Ms. ł	Kay Hagan		X Oppose		President X	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	60762.79	Disburs 2014	Sement For: Other (spec	Primary	X General
	Name of Payee	_			Date of Public	Distribution/D	issemination
Luk	e T Waltermire				07 /	15	2014
Mailir	ng Address 107 S Grist Mill Rd				Ů.	.0	2011
					Amount		
City		State	Zip Code				10.50
	pstead	NC	28443	Т	ransaction ID : Date of Disburs	: b3920450-el sement or Ob	ba5-4a26-8 ligation
Milea	ose of Expenditure age		Category/ Type 00	2	07 /	15	2014
Name	e of Federal Candidate		Support	Office	Sought:	House D	istrict: 00
Ms. ł	Kay Hagan		X Oppose	F	President X	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	160762.79	Disburs 2014	sement For: Other (spe	Primary cify) ▶	General
(a) SU	IBTOTAL of Itemized Independent Expenditu	res		····· >	-	-	40.50
(b) SU	IBTOTAL of Unitemized Independent Expend	itures		····· •			
(c) TO	TAL Independent Expenditures			····· •	1 1 2		1 40 1
with, o	penalty of perjury I certify that the independent of a rat the request or suggestion of, any candid committee) any political party committee or its	ate or authorized					
_	Ms. Emily Buchanan	[Electron	ically Filed]	ate 07	M / D D D 17	2014	Y
Sig	nature						

Schedule E)	AT ENDITORIES	PAGE 5 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Oberts 17 1 24 hours word 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1] N	M M / D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report	New report Amends report	tilled on
Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St		Amount
City Stat	re Zip Code	75.00
Spruce Pine NO	•	Transaction ID: 8271590f-18cd-46b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Mary Johnson		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St		Amount
City Sta Spruce Pine No	'	75.00 Transaction ID : 69ca67ce-2a64-403b-9
Purpose of Expenditure		Date of Disbursement or Obligation
Salary	Category/ Type 001	07 / 15 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•		
(a) SUBTOTAL of Itemized Independent Expenditures		150.00
(b) SUBTOTAL of Uniternized Independent Expenditures.		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	07 17 2014
Signature		

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 6 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	75.00
Spruce Pine	NC	28777	Transaction ID: 8855141a-396c-48e7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			07
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	20.10
Spruce Pine	NC	28777	Transaction ID : d6639619-6929-4aee-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	160762.79	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		95.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 2014
Gignature			

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 7 FOR SE 0	OF 72 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	Y = Y = Y
Full Name of Payee			Date of Public Distribution	/Dissemination
Mr. Haley Brown			07 / 15	2014
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		40.00
Winston-Salem	NC	27030	Transaction ID : b8e3fdc Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	07 / 15	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	160762.79	Disbursement For: Primar 2014 Other (specify) ▶	y X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Mr. Haley Brown			07 / 15	2014
Mailing Address 344 Natalie Drive			Amount	
City	State	Zip Code		8.40
Winston-Salem	NC	27030	Transaction ID : 08dee815 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	160762.79	Disbursement For: Primar 2014 Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			48.40
			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y 20	14
J				

Schedule E)	IDENT EXTEND			PAGE 8 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y Y
Check if24-hour report X 48-hour report	ort X New rep	port Amends repo	ort filed on	
Full Name of Payee Amanda Boley				ic Distribution/Dissemination
Mailing Address Split Oak Drive			07 ^M	15 / 2014
Split Oak Drive			Amount	
City	State	Zip Code		40.00
charlotte	NC	28227		ID: e4ce1373-864d-49f5-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	15 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Amanda Boley			M ■ M O7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive				10 2011
			Amount	
City	State	Zip Code		24.03
charlotte	NC	28227	Transaction I Date of Disb	D: 90f96b2b-7c8f-435c-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 ^M	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a) SUBTOTAL of Itemized Independent Exp	enditures		• •	64.03
(b) SUBTOTAL of Unitemized Independent E	expenditures		. •	
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07 17	/ Y Y Y Y Y 2014
Signature				

Schedule E)	IN EXILIN	DITOTILO	PAGE 9 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kevin L Battle			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Asher Ave			Amount
City	State	Zip Code	10.00
Little Rock	AR	72204	Transaction ID: 15d7f52d-8022-4c33-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Kevin L Battle			07 15 / Y Y Y Y Y
Mailing Address 3300 Asher Ave			Amount
City	State	Zip Code	6.00
Little Rock	AR	72204	Transaction ID : 49126cc2-b453-46ec-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	21077.07	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 16.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 07 / 17 / 2014
•			

Schedule E)	LIVI EXI LIVE	TIONES		GE 10 OF 72 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Virginia M Stevens			M = M / E	stribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			07 Amount	15 2014
City Bakersville	State NC	Zip Code 28705	Transaction ID : 0 Date of Disburser	30.00 66033940-51ef-4353-9
Purpose of Expenditure Salary		Category/ Type 001		15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Virginia M Stevens			M M / I	stribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			07 Amount	15 2014
City	State	Zip Code		11.10
Bakersville	NC	28705		bf593b1-745f-43e1-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		•	41.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	11111
				4 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 17	2014
Signature				

Schedule E)	101120	PAGE 11 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	ort Amends report filed	on
Full Name of Payee Karl L Starns		Date of Public Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr		07 15 2014
Apt 6307		Amount
City State	Zip Code	30.00
Monroe LA	71212	Transaction ID: c7ca6afc-d056-42af-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	57425.49 Disbut 2014	ursement For: Primary
Full Name of Payee Karl L Starns		Date of Public Distribution/Dissemination
		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4120 Bon Aire Dr		Amount
Apt 6307	7in Cada	2.60
City State Monroe LA	Zip Code 71212	3.60 Transaction ID : 702c0bce-ecfb-44f2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	57425.49 Disb 2014	ursement For:
() 000-0-1		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electroni	cally Filed] Date	07 17 2014
Signature	-	

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Malinda Ledford	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 44 Bell Street Ext	Amount
	City State Zip Code	30.00
	Spruce Pine NC 28777	Transaction ID : 86e4b158-4a67-4d8e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	
		U Other (specify) ▶
	Full Name of Payee Malinda Ledford	Date of Public Distribution/Dissemination
	Mailing Address 44 Bell Street Ext	07 15 2014 Amount
	City State Zip Code	11.10
	Spruce Pine NC 28777	Transaction ID : 0ae42d70-c901-437c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	41.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 17 2014
	Signature	

PAGE 12

OF

Sc	hedule E)	EXI END	101120		PAGE 13 OF 72 FOR SE OF FORM 24/48		
	AME OF COMMITTEE (In Full) AND THE OF COMMITTEE (IN Full) FEC IDENTIFICATION NUMBER ▼						
۷۱	omen Speak Out PAC				C C00530766		
Ch	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
П	Full Name of Payee			Date	of Public Distribution/Dissemination		
	Steven Jean				07		
	Mailing Address 2012 Harrison Ave			Amo	punt		
	City	State	Zip Code	-	70.00		
	Winston Salem	NC	27105		nsaction ID : 9d566fd8-05d0-48e5-9 e of Disbursement or Obligation		
	Purpose of Expenditure Salary		Category/ Type 001		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00		
	Ms. Kay Hagan		X Oppose	Presi	dent State: NC		
	Calendar Year-To-Date Per Election for Office Sought	, 1	60762.79	Disburseme 2014	ent For: Primary X General Other (specify) ▶		
	Full Name of Payee Steven Jean			Date	e of Public Distribution/Dissemination		
	Moiling Address				07 15 / 2014		
	2012 Harrison Ave			Amo	punt		
	City	State	Zip Code		15.00		
	Winston Salem	NC	27105	Trans Date	saction ID : 9acc54c7-6b20-4192-9 e of Disbursement or Obligation		
	Purpose of Expenditure Mileage		Category/ Type 002		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate		Support	Office Sou	ght: House District: 00		
	Ms. Kay Hagan		X Oppose	Pres	dent State: NC		
	Calendar Year-To-Date Per Election for Office Sought	, , ,	160762.79	Disburseme 2014	ent For:		
	(a) SUBTOTAL of Itemized Independent Expenditures	S			85.00		
					7 1 7 1 7 1		
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•			
	(c) TOTAL Independent Expenditures			•			
1	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M M	17 2014		
	Signature		_ J mail	57	2014		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Lisa Booth	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue Am	ount
City State Zip Code	85.00
Eden NC 27288 Tra	Insaction ID : dec6d2e9-d720-4f9f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms Kay Hagan	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Page	Other (specify)
Full Name of Payee Dat Lisa Booth	te of Public Distribution/Dissemination
Mailing Address 1434 South Avenue Am	07 15 2014 nount
City State Zip Code	12.90
	nsaction ID: 9611e99d-10e5-4c88-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 15 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	97.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	3		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	<u></u>		C C00530766
Check if 24-hour report	48-hour report New rep	port Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Julie Clifton			07 15 2014
Mailing Address 712 St. Martir	n Lane		Amount
City	State	Zip Code	23.00
Bossier City	LA	71111	Transaction ID : 36e4a4b1-f4bf-4b7c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office So	ught	57425.49 Dis 201	
5 II N			Other (specify) -
Full Name of Payee Julie Clifton			Date of Public Distribution/Dissemination 07 15 2014
Mailing Address 712 St. Mai	rtin Lane		07 15 2014 Amount
City	State	Zip Code	4.32
Bossier City	LA	71111	Transaction ID : aa163d78-c8b9-4c25-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 2014
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sc	ught	57425.49 Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Ind	ependent Expenditures	····	27.32
(b) SUBTOTAL of Uniternized I	ndependent Expenditures	·····	
(c) TOTAL Independent Expend	ditures		
	stion of, any candidate or authorize		made in cooperation, consultation, or concert ner, or (if the reporting entity is not a political
Ms. Emily Buchanan		nically Filed] Date	07 17 2014
Signature			

PAGE

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OF

Sch	nedule E)				PAGE 16 OF 72 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			С	C00530766
				_	
Che	ck if 24-hour report X 48-hour report New report Ame	ends repo	ort filed on	M /	D D / Y Y Y Y Y
	Full Name of Payee David Ford				Distribution/Dissemination
-	Mailing Address 106 Hillside St		M	07 /	15 / 2014
	Too miliside St		Amou	nt	
	City State Zip Code				52.50
	Spindale NC 28160				D: 17dfb4a0-6c23-471d-8 rsement or Obligation
	Purpose of Expenditure Category/ Type	001	М	07 /	15 / 2014
h	Name of Federal Candidate	upport	Office Sough	t:	House District: 00
	Ma Kan Hanan	ppose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		Disbursemen 2014 O	t For: ther (sp	Primary
r	Full Name of Payee		Date	of Public	Distribution/Dissemination
١	David Ford		IV	07 /	15 2014
ŀ	Mailing Address 106 Hillside St			UI	13 2014
١			Amou	nt	
ı	City State Zip Code				8.46
	Spindale NC 28160		Transa Date	ction ÍD of Disbu	D: c0fe6a3b-68e2-4e84-b ursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	TV	07 ^M	15 / 2014
Γ	Name of Federal Candidate S	Support	Office Sough	t:	House District:00
	Ms. Kay Hagan	ppose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 160762.79		Disbursemen 2014 O		Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		•		60.96
(k	b) SUBTOTAL of Unitemized Independent Expenditures				
(0	c) TOTAL Independent Expenditures			1 1	7
W	Inder penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee of arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date	07	17	2014
	Signature				

Schedule E)	ZIVI ZXI ZIVI	JII OI LEO	PAGE 17 OF 72 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	heck if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public Distribution/Dissemination				
Ralphie Lockhart			07 15 / Y Y Y Y				
Mailing Address 6310 Col Glenn Rd			Amount				
City	State	Zip Code	25.00				
Little Rock	AR	72204	Transaction ID: a686bba9-9a78-4dca-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President State: AR				
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
Ralphie Lockhart			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 6310 Col Glenn Rd			Amount				
City	State	Zip Code	2.40				
Little Rock	AR	72204	Transaction ID: 97d68e71-0b4b-4a16-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For:				
(a) SUBTOTAL of Itemized Independent Expendent	ditures		27.40				
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>				
(c) TOTAL Independent Expenditures			·				
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				

Sc	hedule E)				PAGE 18 OF 72 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report New	w rep	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee Myeisha M Ross			D	Date of Public Distribution/Dissemination
-	Mailing Address 3411 Asher Ave				07 15 2014 Amount
					ATTIOUTIL
	City State		Zip Code		50.00
	Little Rock AR		72209		Transaction ID: c7ce3b04-0683-49c9-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07
ŀ	Name of Federal Candidate		Support	Office S	ought: House District: 00
	Mr. Mark L Pryor		X Oppose		resident State: AR
	Calendar Year-To-Date Per Election for Office Sought	-	21077.07	Disburse 2014	ement For: Primary X General Other (specify) ▶
ľ	Full Name of Payee			С	Date of Public Distribution/Dissemination
	Larry Freeman				07 15 2014
Ī	Mailing Address 11214 Mesa drive				07 10 2017
				A	Amount
ŀ	City State		Zip Code		25.00
	Little rock AR		72211	Tr	ransaction ID: 59e91aaa-8085-4c8c-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 15 / 2014
Ì	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose	Pr	resident State: AR
	Calendar Year-To-Date Per Election for Office Sought		21077.07	Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			· • [75.00
(b) SUBTOTAL of Unitemized Independent Expenditures			. [
(c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	lectron	nically Filed] Date	07	/ 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_	_	

Schedule E)	DEIVI EXI EIVD	HOHLO		9 OF 72 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distribution	n/Dissemination
Damian B Robinson			07 / D D	2014
Mailing Address 701 Green Mountain Dr			Amount	
Apt 1312	_			
City	State	Zip Code	Transaction ID - 0525-0	25.00
Little Rock	AR	72211	Transaction ID : 9535c9 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D D 15	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
Full Name of Payee			Date of Public Distribution	on/Dissemination
Damian B Robinson			07 / 15	/ Y Y Y Y Y Y 2014
Mailing Address 701 Green Mountain Dr				
Apt 1312			Amount	
City	State	Zip Code		11.10
Little Rock	AR	72211	Transaction ID : 405afc8 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	M 07	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	,,,,	21077.07	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
(a) SUPTOTAL of Itamizad Independent Evac	ndituro			26.40
(a) SUBTOTAL of Itemized Independent Expe	nutures		7 7	36.10
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014
5.g. (a.a.)				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 20 FOR SE OF F	OF 72 ORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼			
women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y			
Full Name of Payee			Date of Public Distribution/Di	ssemination			
Carmen Maddrey			07 / 15	2014			
Mailing Address 2043 Nottingham Ln			Amount				
City	State	Zip Code		40.00			
Burlington	NC	27215	Transaction ID : 3fce6315-0 Date of Disbursement or Ob				
Purpose of Expenditure Salary		Category/ Type 001	07 / 15	2014			
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00			
Ms. Kay Hagan		Oppose		State: NC			
Calendar Year-To-Date Per Election for Office Sought	.,,	160762.79	Disbursement For: Primary 2014 Other (specify) ▶	General			
Full Name of Payee			Date of Public Distribution/D	issemination			
Carmen Maddrey			07 / D D /	2014			
Mailing Address 2043 Nottingham Ln			Amount				
City	State	Zip Code		2.70			
Burlington	NC	27215	Transaction ID : ec07ca11-be Date of Disbursement or Ob				
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15 /	2014			
Name of Federal Candidate		Support	Office Sought: House D	istrict:00			
Ms. Kay Hagan		Oppose		State: NC			
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For:	General			
(a) SUBTOTAL of Itemized Independent Expen	ditures			42.70			
			7 7				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•				
(c) TOTAL Independent Expenditures			>				
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y			
- 3							

Schedule E)	INI EXI EN	JII OII LO	PAGE 21 OF 72 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on				
Full Name of Payee			Date of Public Distribution/Dissemination				
JoAnn Burks			07 / D 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 10 Castle Hill Ct			Amount				
City	State	Zip Code	20.00				
Little Rock	AR	72227	Transaction ID : 8c808adb-d579-4945-9 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee			Date of Public Distribution/Dissemination				
JoAnn Burks			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 10 Castle Hill Ct			Amount				
City	State	Zip Code	3.30				
Little Rock	AR	72227	Transaction ID : d8a18c71-4601-4d84-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Mr. Mark L Pryor		X Oppose	President Senate State: AR				
Calendar Year-To-Date Per Election for Office Sought	.,,	21077.07	Disbursement For: Primary General 2014 Gther (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expend	tures		23.30				
(1) OUDTOTAL (11)	19						
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •				
(c) TOTAL Independent Expenditures			>				
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 17 2014				
5.g.iataro							

Schedule E)	PENT EXICITE	THORIES	PAGE 22 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gosch Ellers			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 377 Darlington Ave			Amount
City	State	Zip Code	60.00
Wilmington	NC	28403	Transaction ID: 473534c2-44a3-40db-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gosch Ellers			07
Mailing Address 377 Darlington Ave			Amount
City	State	Zip Code	33.90
Wilmington	NC	28403	Transaction ID: 97ea9436-60bc-45c2-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		93.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 2014
Signature			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	07 15 2014
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	80.00
	Winchester VA 22602	Transaction ID : bc366290-1d41-4d4c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General
	Per Liection for Office Sought	U Other (specify) ▶
	Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination
	Mailing Address 924 N. Prieur St	07 15 2014 Amount
	City State Zip Code	65.00
	New Orleans LA 70116	Transaction ID : 8653a4f2-8a82-4890-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	145.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 17 2014
	Signature	

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AME OF COMMITTEE (In Full) Alongon Speeck Out DAC					
Women Speak Out PAC	C C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
	ate of Public Distribution/Dissemination				
Tammay Williams	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 924 N. Prieur St	nount				
City State Zip Code	10.50				
New Orleans LA 70116 Tra	ansaction ID : 548f79be-e5dd-4534-b ate of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	07 15 2014				
Name of Federal Candidate Support Office So	ught: House District: 00				
Ms. Mary L Landrieu Pre	esident State: LA				
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:				
Full Name of Payee Tammay Williams	ate of Public Distribution/Dissemination				
Mailing Address 924 N. Prieur St	07 15 2014				
Ar	mount				
City State Zip Code	65.00				
Da	Insaction ID: ae746c1f-173b-4e4d-a ate of Disbursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y 2014				
Name of Federal Candidate Support Office So	ought: House District: 00				
	esident Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:				
(a) SUBTOTAL of Itemized Independent Expenditures	75.50				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 07	17 2014				
Signature					

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OF

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 25 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 15 2014 Amount
City	State	Zip Code	10.50
New Orleans	LA	70116	Transaction ID : 7ed53d3f-1003-4f19-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination
Mailing Address 107 Phillip Ave			07 15 2014 Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID : 22ac6dbf-1ce7-4f76-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	57425.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 40.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •
			4 4
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 2014
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Schedule E)	INT EXI END	ATOTILO	PAGE 26 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	3.06
Lafayette	LA	70503	Transaction ID : 13a57395-585d-494a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	20.00
Metaire	LA	70003	Transaction ID: 774d1ae9-0439-4348-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	57425.49	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		23.06
			7 7 7
(b) SUBTOTAL of Unitermized Independent Expen	ditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave	Amount
City State Zip Code	0.30
Metaire LA 70003	Transaction ID : ff7f11ce-d5ae-420c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Mary I Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
Full Name of Payee	
Brandy Starns	Date of Public Distribution/Dissemination 07
Mailing Address 300 Evangeline St	Amount
City State Zip Code	60.00
	Transaction ID : 95480aff-ab33-4657-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	60.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	IN EXILIN	SHORLS	PAGE 28 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandy Starns			07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 Evangeline St			Amount
City	State	Zip Code	6.00
Monroe	LA	71201	Transaction ID : b34fc1df-6281-428a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Felice Barrett			07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1588 Asbury			Amount
City	State	Zip Code	45.00
Springdale	AR	72762	Transaction ID: 242e7d2f-2186-4357-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	21077.07	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 51.00
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3			

Schedule E)	I LAPLIND	ITUNES		PAGE 29 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Felice Barrett			Date of	
Mailing Address 1588 Asbury			Amount	7 15 2014
			Amount	
City	State	Zip Code		3.60
Springdale	AR	72762		ction ID: 1941b301-01ad-4d81-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	77 15 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presiden	t X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	21077.07	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Sharon Lloyd				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford			Amount	
City	State	Zip Code		45.00
Springdale	AR	72762		tion ID : 1a9e0225-f43f-44da-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		7 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	21077.07	Disbursement 2014 Oth	For: Primary ☐ General ler (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	25			48.60
(-) - - - - - - - - - -				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07	17 2014
Signature				

NAME OF COMMITTEE (In Full) Women Speak Out PAC	IDENTIFICATION NUMBER ▼
vvoinen Speak Out PAC	
	C00530766
Check if 24-hour report	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Sharon Lloyd	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4301 Lankford Amount	
City State Zip Code	9.69
Springdale AR 72762 Transaction	n ID: 0546931c-ed34-4645-9 bursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02 M M M O7	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 21077.07 Disbursement For: 2014 Other (4)	
	specify)
Elizabeth M Woodard	blic Distribution/Dissemination 15 2014
Mailing Address 982 W Eagle St Amount	10 2014
Apt 8 City State Zip Code	30.00
Fayetteville AR 72701 Transaction	ID : f1d41cb4-ca13-4cb6-a bursement or Obligation
Purpose of Expenditure Salary Category/ Type O01 07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (a)	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	39.69
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 17	
Signature	

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OF

Schedule E)		LITT EXILITE	II OILO		PAGE 31 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	eport X 48-hour report	New rep	port Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Payee Elizabeth M V					of Public Distribution/Dissemination
Mailing Address 98	2 W Eagle St			Amoun	07 15 2014
Ap	ot 8			Amour	nt
City		State	Zip Code		13.20
Fayetteville		AR	72701		action ID : c380f501-850c-43c4-a of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002	М	07
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			X Oppose	Preside	ent State: AR
Calendar Year- Per Election fo	To-Date r Office Sought		21077.07	Disbursement 2014 Of	t For: Primary
Full Name of Payer Mr. Roger Mcl Mailing Address					of Public Distribution/Dissemination 07
City		State	Zip Code	- $ $ $ $ $ $ $ $	62.50
Pilot Mountian		NC	27041	Transa Date o	ction ID: 3f16d889-ff1d-4998-8 of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001	М	07 15 / 2014
Name of Federal C	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent State: NC
Calendar Year- Per Election fo	To-Date r Office Sought		160762.79	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
``	emized Independent Expen				75.70
(b) SUBTOTAL of U	nitemized Independent Exp	enditures		·· •	75 75 75
(c) TOTAL Independ	ent Expenditures				7 7 7
with, or at the reques		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emi	ly Buchanan	[Electron	nically Filed] Date	e 07	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature					

Schedule E)	EXI EIID	II OILEO		PAGE 32 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Mr. Roger McKinney				Public Distribution/Dissemination
Mailing Address 308 West Main Street			O	7 15 2014
- COO TROCKINGIII ON COO			Amount	
City Pilot Mountian	State NC	Zip Code 27041	Transac	11.76 ction ID : 1ea4641b-526d-4930-9
Purpose of Expenditure Mileage		Category/ 002	M	Disbursement or Obligation 15 2014
Name of Federal Candidate		Туре		
Ms. Kay Hagan		Support Oppose	Office Sought: Presiden	NO.
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement 2014 Oth	For: Primary General er (specify) ▶
Full Name of Payee Andrew G Gray			Date of	Public Distribution/Dissemination
Mailing Address 982 W Eagle St				7 15 2014
Apt 8			Amount	
City Fayetteville	State AR	Zip Code 72701	Transac Date of	30.00 tion ID : cfe398aa-099f-4e1c-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	7 15 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	41.76
(b) SUBTOTAL of Unitemized Independent Exper	nditures			7 7 7 7
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	17 2014
Signature				

Schedule E)	PAGE 33 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Andrew G Gray	07 15 2014
Mailing Address 982 W Eagle St Apt 8	Amount
<u>'</u>	7:5 Codo 20 00
City State Fayetteville AR	Zip Code 30.00 72701 Transaction ID : 716c2ace-10c8-4138-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Support Office Sought. House District. 30 President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Glenda McKinney Mailing Address 308 West Main Street	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Plot Mountain NC	Zip Code 62.50 27041 Transaction ID : 5578af1e-b778-4322-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 15 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.50
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert athorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan	Electronically Filed] Date 07 17 2014
Signature	

Schedule E)	LIVI LXI LIVI	ON ONES	PAGE 34 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Harris			07 / D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	25.00
Springdale	AR	72762	Transaction ID : 34524666-c875-4d48-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	21077.07	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anna Harris			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	3.90
Springdale	AR	72762	Transaction ID: 752b211f-9663-4dfb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		28.90
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 17 2014
U			

Schedule E)	LAFLINDI			PAGE 35 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Jonathan Odette				07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road			Amou	nt
City	State	Zip Code	— r	65.00
Wendell	NC	27591		action ID: d60e1579-d0bf-4f24-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 15 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	60762.79	Disbursemer 2014	t For: Primary X General
Full Name of Payee			Date	of Public Distribution/Dissemination
Jonathan Odette				07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road			Amou	int
City	State	Zip Code	$-\Gamma$	28.80
Wendell	NC	27591		action ID : a17e8f5e-82d5-4163-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				93.80
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	07 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	JEINT EXTERE	TIONES	PAGE 36 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination
			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID : df849268-a29a-496f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	10.44
Mt. Airy	NC	27030	Transaction ID : 2fb8a8d6-1e3e-40ba-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) CURTOTAL of Itamized Independent Fund	a ditura a		20.44
(a) SUBTOTAL of Itemized Independent Exper	iditures		90.44
(b) SUBTOTAL of Unitemized Independent Exp	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LINI EXPEND	TIONES	PAGE 37 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination
Mailing Address 7121 Oyster Lane			07 15 2014
			Amount
City	State	Zip Code	35.30
Wilmington	NC	28411	Transaction ID: 9f101979-33d4-4cb6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Solveig Lysne			07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7121 Oyster Lane			Amount
City	State	Zip Code	11.16
Wilmington	NC	28411	Transaction ID : fc0c4f13-6b1c-4611-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expen	dituros		16.46
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPEN	ultures		46.46
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· >
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	07 15 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	32.50
Little Rock AR 72205	Transaction ID : eeb9a149-b32e-43dc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 21077.07	bursement For: Primary X General Other (specify) ▶
Full Name of Payer	
Full Name of Payee Patrice Wolfe	Date of Public Distribution/Dissemination 07 15 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	4.50
Little Rock AR 72205	Transaction ID : 52e5051f-7d88-4484-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 21077.07	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	37.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 17 2014
Signature	

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OF

Schedule E)		DITOTILO	PAGE 39 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 / D D / Y Y Y Y Y Y Y 15 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	40.00
Shreveport	LA	71119	Transaction ID : 0b6b457b-4f1e-4892-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	19.50
Shreveport	LA	71119	Transaction ID : f579a0b8-587e-4786-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1-9-1-1-9	57425.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		. > 59.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	PENT EXTEND	TIONES	PAGE 40 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	65.00
Knightdale	NC	27545	Transaction ID : 29c16a82-9e4a-4675-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	35.00
Ville Platte	LA	70586	Transaction ID : 0707e162-da6a-4caa-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		100.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	TI EXI EITE	1101120		PAGE 41 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	art filed on	/ D D / Y Y Y Y Y
Check ii 24-nour report 48-nour report	New rep	ort Amerius repo	ort filed off	
Full Name of Payee Zachary Vidrine			Date of Pu	ublic Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		11.10
Ville Platte	LA	70586		on ID: 8f64e9c0-2c6f-44eb-b sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	57425.49	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Brian Saltzler			Date of Pu	ublic Distribution/Dissemination
A A Silling And Address			07	15 2014
Mailing Address 601 S College Road			Amount	
City	State	Zip Code		20.00
Wilmington	NC	28403	Transaction Date of Di	n ID : 1a18fb3d-21c1-4226-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	/ 15 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires			31.10
(a) SOBTOTAL OF NOTIFIED INDEPENDENT EXPENDITU				31.10
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7 1 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / D 1	
Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Brian Saltzler	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 S College Road	Amount
City State Zip Code	2.10
Wilmington NC 28403	Transaction ID : dcebf594-1def-42f6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
Full Name of Payee	
Michael Vidrine	Date of Public Distribution/Dissemination M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	40.00
Ville Platte LA 70586	Transaction ID : dede580f-4597-4eb2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	42.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	ENT EXILE	DITORLO	PAGE 43 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			07 15 2014 Amount
City	State	7in Codo	16.50
Ville Platte	LA	Zip Code 70586	Transaction ID : 20bbcf41-5f91-483a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	1,11,	57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 15 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	10.00
Metairie	LA	70001	Transaction ID : fd158d2f-25f6-4110-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		26.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			4 4
(c) TOTAL Independent Expenditures			>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 17 2014
Signaturo			

Schedule E)	IIII EXI END	71101120		PAGE 44 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Lesley Lennox				of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave				07 15 / 2014
2305 Cleary Ave			Amour	nt
City	State	Zip Code	$-\Gamma$	0.30
Metairie	LA	70001		action ID: 0198f885-0d8e-4953-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07
Name of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement 2014 Ot	t For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mattie Harris			M	07 15 2014
Mailing Address 3654 Tara St				
			Amoui	nt
City	State	Zip Code		90.00
springdale	AR	72762	Transa Date of	ction ID: 6548da87-0c13-4a11-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	21077.07	Disbursemen 2014 O	t For:
•				
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	90.30
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures			•	711711
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 07	17 2014
Signature				

Schedule E)		1101120		PAGE 45 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour r	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Mattie Harris			Date of Public	c Distribution/Dissemination
Mailing Address 3654 Tara St			07 Amount	15 2014
City	State	Zip Code		25.50
springdale	AR	72762		ID: 7259d22b-12ef-463c-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	15 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee Timothy Foley Mailing Address 20679 Glenbrook Terr.			Date of Publi	c Distribution/Dissemination
25070 GIGHISTOOK TOIN	ace		Amount	
City Sterling	State VA	Zip Code 20165	Transaction II	45.00 D : 05e523ea-9f3d-46cd-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent E	Expenditures			70.50
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		-	1141141
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party commi	ny candidate or authorized			
Ms. Emily Buchanan	[Electron	cically Filed] Date	9 07 17	2014
Signature				

Schedule E)	VI EXI ENE	TIONES	PAGE FOR S	46 OF 72 E OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribution	ution/Dissemination
Gloria A Krieger			07 / 15	2014
Mailing Address 1392 Lee Street			Amount	
City	State	Zip Code		10.00
Ville Platte	LA	70586	Transaction ID: 3082 Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	07 / 15	
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	, , ,	57425.49	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
Full Name of Payee			Date of Public Distrib	ution/Dissemination
Gloria A Krieger			07 / D 15	2014
Mailing Address 1392 Lee Street			Amount	
City	State	Zip Code		0.15
Ville Platte	LA	70586	Transaction ID : f990b Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15	
Name of Federal Candidate		Support	Office Sought: Hous	e District: 00
Ms. Mary L Landrieu		X Oppose	President X Sena	
Calendar Year-To-Date Per Election for Office Sought	, ,	57425.49	Disbursement For: Pri 2014 Other (specify) ▶	mary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			10.15
			4	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		>	- Jan 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y	2014 Y

Schedule E)	LIVI EXI ENL	JII OI LEO	PAGE 47 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			07 15 2014 Amount
			7.11.00.11.
City	State	Zip Code	25.00
Fayetteville	AR	72703	Transaction ID: 77db7bcb-d856-4d43-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth Hanks			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 891 W. Melmar			Amount
City	State	Zip Code	3.60
Fayetteville	AR	72703	Transaction ID : 3a52c07d-2765-4007-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 28.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 17 2014
Olghalule			

Schedule E)	DENT EXPEND	TIONES	PAGE 48 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination
Mailing Address 77 Southridge Drive			07 15 2014 Amount
City	State	Zin Codo	20.00
Spruce Pine	NC	Zip Code 28777	Transaction ID: 0764fa75-44de-4e8e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Melanie Slagle			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 77 Southridge Drive			Amount
City	State	Zip Code	4.80
Spruce Pine	NC	28777	Transaction ID : 01147cee-586b-4603-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 15 / Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		24.80
(b) SUBTOTAL of Unitemized Independent Exp	penditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Schedule E)	PAGE 49 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Anthony Ruchanan	f Public Distribution/Dissemination
Mailing Address 1090 McHone Rd Amount	07 15 2014 t
	30.00 ction ID : f866f29c-cda9-49a6-9
Purpose of Expenditure Category/	f Disbursement or Obligation
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Ms. Kay Hagan Oppose Presider	NO.
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: ☐ Primary ☐ General ner (specify) ►
Darion Howard	f Public Distribution/Dissemination
Mailing Address 407 Bernal St Amoun	
City State Zip Code	65.00
Edinburg TX 78539 Transac	tion ID : 9c1bdf28-3448-4579-8 f Disbursement or Obligation
	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	: House District: 00
Mr. Mark L Pryor Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date O7	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scl	hedule E)	LXI LIIDI	TOTALO		PAGE 50 OF 72 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
T	Full Name of Payee Darion Howard	,			of Public Distribution/Dissemination
-	Mailing Address 407 Bernal St			Amou	07 15 2014 unt
ŀ	City	State	Zip Code	— [_	25.05
	Edinburg	TX	78539		saction ID : 6fdf54b1-f83f-4117-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	-	07
l	Name of Federal Candidate		Support	Office Sough	ht: House District:00
	Mr. Mark L Pryor		Oppose	Presid	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursemer 2014	nt For:
	Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination 07
	Mailing Address 22369 Ponderosa Dr.			Amou	unt
ľ	City	State	Zip Code		25.00
	Mandeville	LA	70471	Transa Date	action ID: 8814912f-1cbb-48bd-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	07 15 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
-	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursemer 2014	nt For:
((a) SUBTOTAL of Itemized Independent Expenditures	j			50.05
((b) SUBTOTAL of Unitemized Independent Expenditur	res		··· \	
((c) TOTAL Independent Expenditures			··· >	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	te 07	17 2014
	Signature				

Schedule E)	VI EXI EIVE	TIONES	PAGE 51 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	3.00
Mandeville	LA	70471	Transaction ID : f0347aa8-29e0-4ebe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	57425.49	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07 15 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	85.00
High Point	NC	27260	Transaction ID : 13b1bb5f-1bcd-4edb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 88.00
(b) SUPTOTAL of Uniterprized Independent Expense	lituroo		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	DEITI EXI EITE	TIONES	PAGE 52 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	16.80
High Point	NC	27260	Transaction ID : 9ad6b523-a339-4bd9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07 15 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	63.00
Searcy	AR	72149	Transaction ID : 8c77e661-0f0e-4b59-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		79.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			4 4
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 2014
Signaturo			

Sche	dule E)	EXI END	TOTILO				PAGE 53 OF 72 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Won	nen Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
	I Name of Payee enjamin Hernandez				Dat	M M	c Distribution/Dissemination
Ма	iling Address 915 E Market Ave				Am	07 ount	15 2014
Cit	V	State	Zip Code		F		24.90
	earcy	AR	72149				ID : 5fdf2fa1-e378-45c2-a ursement or Obligation
	rpose of Expenditure ileage		Category/ Type	002		M M M 07	15 / 2014
Na	me of Federal Candidate		<u>'</u>	Support	Office Sou	ght:	House District: 00
Mr	. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		21077.07		Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
	Name of Payee ranielle McCoy				Dat	M = M	c Distribution/Dissemination
Ма	ailing Address 1025 Cayley Ct				Am	07 ount	15 2014
Cit	у	State	Zip Code				85.00
	igh Point	NC	27260		Tran Dat	saction II	D: 0930bd2d-1410-4fce-9 ursement or Obligation
	rpose of Expenditure alary		Category/ Type	001		07 ^M	15 2014
Na	me of Federal Candidate			Support	Office Sou	ıght:	House District: 00
Ms	s. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, ,	160762.7	9	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	i			•		109.90
(b)	SUBTOTAL of Unitemized Independent Expenditure	res					
(c)	TOTAL Independent Expenditures						
with,	er penalty of perjury I certify that the independen, or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 07	/ 17	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	Signature						

Schedule E)		EXI EIID	101120		PAC FOI	GE 54 OF 72 R SE OF FORM 24/48
NAME OF COMMITTEE (In Ful						TIFICATION NUMBER ▼
Women Speak Out P	AC				C C008	530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends re	port filed or	M = M / D	* D / Y * Y * Y * Y
Full Name of Payee Danielle McCoy				[M = M / D	tribution/Dissemination
Mailing Address 1025 Cayle	ey Ct				07 Amount	15 2014
City		State	Zip Code			18.30
High Point		NC	27260			572fbcc4-be28-41dc-b nent or Obligation
Purpose of Expenditure Mileage			Category/ Type 00)2	07 / D	15 / 2014
Name of Federal Candidate			Support	Office S	ought: H	ouse District: 00
Ms. Kay Hagan			X Oppose	P	resident X S	enate State: NC
Calendar Year-To-Date Per Election for Office	Sought	1	60762.79	Disburs 2014	ement For: Other (specify	Primary
Full Name of Payee Andrea L Hammono Mailing Address 12920 K	neeland Ln				Date of Public Dis	stribution/Dissemination
City		State	Zip Code			35.00
Neosho		МО	64850	T	ransaction ID : do	0934488-b7f8-4410-8 nent or Obligation
Purpose of Expenditure Salary			Category/ Type 00	1	07 / D	15 / 2014
Name of Federal Candidate	;		Support	Office S	Sought: H	louse District: 00
Mr. Mark L Pryor			X Oppose	P	resident S	enate State: AR
Calendar Year-To-Date Per Election for Office	Sought	y	21077.07	Disburs 2014	ement For: Other (specify	Primary
(a) SUBTOTAL of Itemized	Independent Expenditures	S		. [53.30
(b) SUBTOTAL of Unitemize	d Independent Expenditu	ıres		···· • [7	
(c) TOTAL Independent Exp	enditures			···· • [4 1 4
Under penalty of perjury I cowith, or at the request or supports committee) any political	ggestion of, any candidate	e or authorized				
Ms. Emily Bucha	nan	[Electroni	ically Filed] Da	ate 07	/ D D /	2014
Signature					'	

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Andrea L Hammond	07
Mailing Address 12920 Kneeland Ln	Amount
City State Zip Code	33.60
Neosho MO 64850	Transaction ID: 85d9728e-1dc2-483b-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought Disbut 21077.07 Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Christine Stevens	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID: 99e9c7f5-ee18-4ad4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 15 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	113.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	7 17 2014
Signature	

PAGE

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OF

Schedule E)	<u> </u>	AGE 56 OF 72 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		TIFICATION NUMBER ▼
Women Speak Out PAC	C co	0530766
Check if 24-hour report X 48-hour report New report An	nends report filed on	D
Full Name of Payee Christopher Marquess	M = M /	istribution/Dissemination
Mailing Address 110 W Pecan St	O7 Amount	15 2014
City State Zip Code		40.00
Ville Platte LA 70586		3bf589c1-769c-490d-9 ment or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 /	15 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ma Marrie Laudifere		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 57425.49	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee	Date of Public D	istribution/Dissemination
Christopher Marquess	M M / 07	15 2014
Mailing Address 110 W Pecan St	Amount	
City State Zip Code		27.60
Ville Platte LA 70586		5800fc81-5d4c-47d1-8 ement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 /	15 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 57425.4	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		67.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		1 4 1 4
	,	7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 07 17	2014
Signature		

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Alexa S Dudley		07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4367 Splitlog Rd	А	mount
City	tate Zip Code	50.00
Goodman		ransaction ID : 0c06369b-0839-4c68-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose	esident State: AR
Calendar Year-To-Date Per Election for Office Sought	21077.07 Disburse 2014	ment For: Primary
Full Name of Payee Alexa S Dudley Mailing Address 4367 Splitlog Rd		Date of Public Distribution/Dissemination 07
City	tate Zip Code	24.30
Goodman		ansaction ID: b5fdead3-72a2-4546-9 late of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / 15 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose	resident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	21077.07 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	74.30
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07	17 2014
Oignature		

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OF

Schedul	e E)	II EXI END			PAGE 58 OF 72 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	me of Payee			Date of	of Public Distribution/Dissemination
	b Mahmud			М	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 3432 Riverrock Ct			Amou	nt
City		State	Zip Code		30.00
	Rouge	LA	70820		action ID : dbcad354-96bf-455b-b of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		X Oppose	Preside	
	alendar Year-To-Date er Election for Office Sought	7	57425.49	Disbursemen 2014 O	t For:
	ame of Payee			Date	of Public Distribution/Dissemination
Najir	o Mahmud			TN	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 3432 Riverrock Ct				
				Amou	nt
City		State	Zip Code		2.10
	Rouge	LA	70820	Transa Date	ction ID : fb9985a6-fa9b-48cb-9 of Disbursement or Obligation
Mileag	se of Expenditure ge		Category/ Type 002	N	07 / 15 / Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought		57425.49	Disbursemen 2014	t For:
(a) SUE	BTOTAL of Itemized Independent Expenditur	es		· •	32.10
(b) SUE	BTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 4
(c) TOT	AL Independent Expenditures			•	7 1 7 1 7
with, or	enalty of perjury I certify that the independent at the request or suggestion of, any candidar mmittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	17 2014
Signa	ature				

Schedule E)	ENDERT EXILEND	TOTILO	PAGE 59 OF 75 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on	Y
Full Name of Payee Francis Richardson			Date of Public Distribution/Disseminatio	
Mailing Address 220 Doucet Rd			07 15 2014 Amount	
City	State	Zin Codo	27.0	00
Lafayette	LA	Zip Code 70503	Transaction ID : b4dfa005-1a1f-4a8c-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	4
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General General	eral
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination	
Mailing Address 220 Doucet Rd			07 15 2014 Amount	_
City	State	Zip Code	1.92	,
Lafayette	LA	70503	Transaction ID : e668581a-86a5-42e9-a Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	07	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: Primary Gen- 2014 Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent	Expenditures		28.92]
(b) SUBTOTAL of Unitemized Independent	ent Expenditures			$\overline{}$
(c) TOTAL Independent Expenditures			•	
	any candidate or authorized		not made in cooperation, consultation, or conc f either, or (if the reporting entity is not a polition	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07	
Ms. Emily Buchanan	ŭ	<i>ically Filed]</i> Date		

Schedule E)	IVI EXI EIVE	TIONES	PAGE 60 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Christopher Pollreis			Date of Public Distribution/Dissemination
Mailing Address 15.5 Magnolia Circle			07 15 2014
			Amount
City	State	Zip Code	70.00
Searcy	AR	72143	Transaction ID: 4bc83d29-1f0a-4bd7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 15 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	21077.07	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Pollreis			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15.5 Magnolia Circle			Amount
City	State	Zip Code	68.40
Searcy	AR	72143	Transaction ID : a9022c4c-a68f-40cd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 15 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	21077.07	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 138.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 2014
Signaturo			

Sc	chedule E)	.XI LIVDI	TOTAL				PAGE 61 OF 72 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	/ M /	D = D / Y = Y = Y
	Full Name of Payee Kenny Wallis					of Public	c Distribution/Dissemination
-	Mailing Address 6412 Osage Dr				Amou	07	15 2014
	2"	•-	The Condo				00.00
	•		Zip Code 72116				60.00 ID: 89318982-9463-44cc-a ursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type	001		07 DISBU	15 2014
ŀ	Name of Federal Candidate		Sı	upport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor			ppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		21077.07		Disbursemer 2014	nt For: Other (sp	Primary ☐ General
	Full Name of Payee Kenny Wallis					of Public	c Distribution/Dissemination
	Mailing Address 6412 Osage Dr				Amou		
ľ	City Sta	tate	Zip Code			1 .00	10.77
-		AR	72116		Transa Date	of Disbu	D: b5d04289-30b6-4fb1-8 ursement or Obligation
	Purpose of Expenditure Mileage	l	Category/ Type	002	$\exists \mid \Box$	07	15 2014
Ī	Name of Federal Candidate		S	upport	Office Sough	nt:	House District:00
	Mr. Mark L Pryor		Xo	ppose	Presid	ent 2	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		21077.07		Disbursemer 2014		Primary ⊠ General
((a) SUBTOTAL of Itemized Independent Expenditures				· [-	70.77
((b) SUBTOTAL of Unitemized Independent Expenditures	;				1 1	1 1 2 1 2 1
((c) TOTAL Independent Expenditures				· [
٧	Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	17	2014
	Signature						

Schedule E)	AT ENDITORIES	PAGE 62 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave		07 15 2014 Amount
City Sta:	te Zip Code	60.00
Searcy AF	·	Transaction ID : 123cdafe-db7a-46e8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	21077.07 Disb 2014	oursement For: Primary Seneral Other (specify) Other
Full Name of Payee Anthony Pearson Mailing Address 112 apache Dr		Date of Public Distribution/Dissemination 07 15 2014
		Amount
City Sta Search Al	'	65.00 Transaction ID: b02442af-9ca3-4b19-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M 07 15 V V V V V V V V V V V V V V V V V
Name of Federal Candidate	Support Office	ce Sought: House District:00
Mr. Mark L Pryor	∑ Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	21077.07 Dist 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Ms. Emily Buchanan	[Electronically Filed] Date	07 17 2014
Signature		

Sche	dule E)	EXI EIIDI	101120		PAGE 63 OF 72 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Ful A	Name of Payee nthony Pearson				e of Public Distribution/Dissemination
Ма	iling Address 112 apache Dr			Amo	07 15 2014
City Se	y earch	State AR	Zip Code 72149		25.05 nsaction ID : b3614e88-69ef-4ef0-9
	rpose of Expenditure leage		Category/ Type 002		of Disbursement or Obligation 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr	. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		21077.07	Disburseme 2014	ent For: Primary
	Name of Payee heresa Burkhart			Date	e of Public Distribution/Dissemination
Ma	illing Address 3126 Chester Ct			Amo	ount
Cit	y	State	Zip Code		70.00
	etairie	LA	70006		saction ID: 3554ec25-6daa-4757-a e of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	$\Box \mid \Box$	07 / 15 / Y Y Y Y Y Y
Na	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Presi	ident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		57425.49	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures.				95.05
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		<u></u>	
(c)	TOTAL Independent Expenditures				
. ,	· · ·				
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate y committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 07	17 2014
S	Signature				

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Reagan Brackett	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 E Center Ave	mount
City State Zip Code	50.00
Searcy AR 72143 Tr	ransaction ID : bf8d162f-c0b6-4aff-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 15 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mr. Mark I. Prior	esident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburser 21077.07 Disburser	ment For: Primary General
	Other (specify)
Full Name of Payee Reagan Brackett	ate of Public Distribution/Dissemination
Mailing Address 502 E Center Ave	07 15 2014 mount
City State Zip Code	69.30
	ansaction ID: bc3db9fd-2bb0-4ac9-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 15 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Mark L Pryor Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburses 21077.07 Disburses	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	119.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	17 2014
Signature	

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Sch	edule E)	EXI ENDI	TOTALO			PAGE 65 OF 72 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				Cc	00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	oort filed on	M = M /	D = D / Y = Y = Y = Y
	Full Name of Payee Charity Zerbel			Dat	te of Public	Distribution/Dissemination
N	Mailing Address 804 Mary Ave			Am	07 ount	15 2014
	N	01-1-	7' : 0: 1:			00.00
	Dity Neosho	State MO	Zip Code 64850			90.00 : cf959fdc-c394-47c6-a sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M M / O7	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Support	Office Sou	ıaht:	House District: 00
	Mr. Mark L Pryor		Oppose		sident X	
	Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursem 2014	nent For: Other (spec	Primary
	Full Name of Payee Charity Zerbel			Dat	te of Public	Distribution/Dissemination
N	Mailing Address 804 Mary Ave			Am	nount	10 2014
	Dity	State	Zip Code			3.90
	Neosho	МО	64850			: 7500c5d2-d810-44f3-9 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 /	15 / 2014
١	Name of Federal Candidate		Support	Office Sou	ught:	House District:00
	Mr. Mark L Pryor		X Oppose	Pres	sident X	
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	21077.07	Disbursem 2014	nent For: Other (spe	Primary
(a)) SUBTOTAL of Itemized Independent Expenditures.	\$		>		93.90
(b)) SUBTOTAL of Unitemized Independent Expenditur	res		-		
(c)) TOTAL Independent Expenditures			···· •		
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Dat	te 07	/ 17	2014
	Signature					

Seriedate Ly				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-h	nour report New rep	ort Amends repo		- M / D - D / Y - Y - Y - Y
Full Name of Payee			Date	of Public Distribution/Dissemination
James Antonetz			īv	07 15 2014
Mailing Address 11127 Gila Valley I	Or		Amou	nt
City	State	Zip Code	— I	25.00
Little Rock	AR	72212		action ID : cf85482c-9b0f-4d7e-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursemen	
Ü			0	ther (specify) ►
Full Name of Payee James Antonetz				of Public Distribution/Dissemination
Mailing Address 11127 Gila Valle	y Dr			07 15 2014
			Amou	int
City	State	Zip Code		3.60
Little Rock	AR	72212	Transa Date	action ID: 06547de7-4502-4ff9-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent	dent Expenditures			28.60
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		•	7 7 7
(c) TOTAL Independent Expenditure	S		•	7 1 7 1 7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ · · · · · · · · · · ·		

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OF

Schedule E)	A ENDITORIES	PAGE 67 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on M M / D D / Y Y Y Y Y Y
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination
Mailing Address 632 Cameron Court		07 15 2014
		Amount
City Stat	e Zip Code	70.00
Kenner LA	70065	Transaction ID : 71daa387-59de-4963-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 15 / Y 2014
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	57425.49 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Cassidy Quartararo		07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court		Amount
City	e Zip Code	8.19
Kenner LA	70065	Transaction ID : 46b418c2-3ceb-4ff2-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	57425.49 Dis 20	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	78.19
(I) OUDTOTAL (III II I		
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	7 7
(c) TOTAL Independent Expenditures	>	7 7 7
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan Signature	[Electronically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
orginaturo		

Schedule E)	JENT EXILIND	TIONES	PAGE 68 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2002 E Park Ave			Amount
Apt 40			
City	State AR	Zip Code 72143	45.00 Transaction ID : 5744f282-808c-4ca3-8
Searcy	AR	72143	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		21077.07	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			07
Mailing Address 2002 E Park Ave			Amount
Apt 40			
City Searcy	State AR	Zip Code 72143	3.21 Transaction ID : c6c4489b-50a3-4b5e-8
Purpose of Expenditure	,	12140	Date of Disbursement or Obligation
Mileage		Category/ Type 002	07 / D D / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,,,	21077.07	Disbursement For: Primary General 2014 General Other (specify) ▶
			
(a) SUBTOTAL of Itemized Independent Exper	nditures		48.21
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 17 2014
S.g.iataro			

Sched	ule E)	I EXI END	TOTILO		PAGE 69 OF 72 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	/
	Name of Payee ory Bryson				of Public Distribution/Dissemination
	ng Address 216 Dogwood Ln			L	07 15 2014
				Amou	unt
City		State	Zip Code		90.00
	nont	NC	28012		saction ID: e565d885-1377-4f17-9 of Disbursement or Obligation
Purp Sala	ose of Expenditure ary		Category/ Type 001		07 15 2014
Nam	e of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Kay Hagan		X Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	60762.79	Disbursemer 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Co	ry Bryson				07 15 2014
Maili	ng Address 216 Dogwood Ln			A	للنبا لنا لن
				Amou	unt
City		State	Zip Code		25.80
	mont	NC	28012	Transa Date	action ID: e1a5c133-899a-41c4-a of Disbursement or Obligation
	ose of Expenditure eage		Category/ Type 002		07 15 / 2014
Nam	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms.	Kay Hagan		Oppose	Presid	lent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	160762.79	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditure	s		▶	115.80
(b) S	UBTOTAL of Unitemized Independent Expendit	ures		·· •	7 1 7 1 6
(c) T(OTAL Independent Expenditures				7 1 7 1 7
with, o	penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	17 2014
Sig	gnature				

Schedule E)	NOENT EXPEND	ITOTILS	PAGE 70 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour rep	oort New rep	ort Amends repo	rt filed on
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination
Mailing Address 9455 Snow Camp Road			07 15 2014 Amount
City Snowcamp	State NC	Zip Code 27349	90.00 Transaction ID: 689e44b1-a11b-4708-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		160762.79	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Darius Beverly			07 15 7 2014
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	45.00
Avondale	LA	70094	Transaction ID: 4373408c-aa8d-43ed-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 15 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
_			
(a) SUBTOTAL of Itemized Independent Ex	penditures		135.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		>
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	JENT EXILID	, i o i c		PAGE 71 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee Ms. Dinah Beverly				olic Distribution/Dissemination
Mailing Address 157 Bishop Drive			07	15 / 2014
<u></u>			Amount	
City	State LA	Zip Code 70064	Transaction	45.00 n ID : a14c1fb0-d622-44c7-8
Avondale Purpose of Expanditure		70004		bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Ms. Dinah Beverly			07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive	_		Amount	
City	State	Zip Code		4.80
Avondale	LA	70064		ID: 079114fd-f9b1-4143-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		57425.49	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		• •	49.80
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	M M / D 17	
Signature				

Schedule E)	101120	PAGE 72 OF 72 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New repo	rt Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle		07 15 2014 Amount
City State	Zip Code	32.50
	22801	Transaction ID: 8beb467c-9163-4256-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Off	ice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	bursement For: Primary General
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	32.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	4631.76
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	cally Filed] Date	07 17 2014
Signature		